

## APPENDIX 3

### Application Requesting Approval for a Wall From ALMA

Please complete this application and a general sketch of the proposed wall showing its approximate location on the Lake relative to your property.

If there is insufficient room on this form please supplement your response with additional paper.

Send this application to ALMA, P.O. Box 3, Andover, CT 06232

1. Print name, address, phone no. and e-mail of the owner of the property:

ELLEN GALLHOT 860-670-2670  
326 LAKE Rd. 860-742-4199

2. ALPOA Member # 446 Name of Homeowners Insurance Co.

Homeowners Insurance ID # \_\_\_\_\_

3. Description of work to be completed including dimensions of the wall:

REBUILD THE EXISTING WALL ON THE WATER FRONT  
75' X 3 1/2'

4. Proximity of wall to septic system and leach fields:

150'

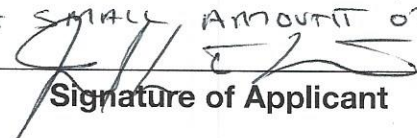
5. Changes to shoreline/lake bottom as a function of installing/repairing the wall:

N/A

6. General description of location where the wall will be installed in relation to the shoreline and your property: ON THE SHORELINE

7. Is your proposed wall consistent with the material requirements set forth in the "Retaining Walls" paragraph? YES

8. What materials will the Retaining Wall be made of? Also, list the length and height of the retaining wall. 75' X 3 1/2' RE-USING THE EXISTING WALL MATERIAL WITH THE POSSIBILITY OF BRINGING IN A SMALL AMOUNT OF NATURAL WALL STONE

  
Signature of Applicant

10/27/2021  
Date

ELLEN CINCINOT 326 CAFE RD.

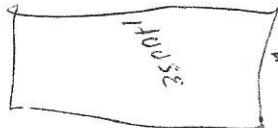
ANDOVER CAFE

SILT FENCE

75'

STRIPS BAKES  
AS NEEDED

150'



SEPTIC

336 CAFE RD.  
CLORIA D'ANZI

322 CAFE RD.  
CHARLES ADRIAN

CAFE RD.